

Iowa Retirement Investors' Club (RIC) 401a Employer Match Plan

Mutual Fund 401(a) Enrollment Form



Group ID# 02228004 CS: 9 CS: E

This Enrollment Form should be used for initial enrollment and contribution allocation only. Future investment election changes may be made by Phone at 1-800-448-2542 or by accessing your online account at corebridgefinancial.com/rs. Investment election changes via paper forms will not be accepted.

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____

Mr. Mrs. Ms. Dr. Rev.

Gender: Male Female Marital Status: Married Not Married Date of Birth: _____

Residence Address*: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____

Mailing Address* (if different from residence): _____

City: _____ State: _____ ZIP: _____

*All accounts will be updated with these addresses.

2. INVESTOR PROFILE

Have you previously purchased mutual funds or other securities? No Yes If yes, number of years: _____

Investment Objective (check one): Safety of Principal Long-Term Growth Income

Risk Profile: Higher Risk Aggressive Moderately Aggressive Moderate Moderately Conservative Conservative Cautious

Financial Situation:

Annual Household Income Under \$50,000 \$50,000 - \$100,000 Over \$100,000 list amount: \$ _____

Net Worth(excluding value of primary residence) Under \$50,000 \$50,000 - \$100,000 Over \$100,000 list amount: \$ _____

Life Insurance (face amount) Under \$50,000 \$50,000 - \$100,000 Over \$100,000 list amount: \$ _____

Tax Bracket: _____% Dependents: Number: _____ Age(s): _____

Client Occupation: _____ Annual Salary: \$ _____ Date of Hire: _____

Is the Client employed by or registered with an FINRA member firm? Yes No

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3. INVESTMENT ELECTIONS

Indicate investment elections below for all future contributions to the Plan. Use whole increments of 1% (no fractions) to total 100%.

- | | |
|---|---|
| ___% ALLSPRING CORE PLUS BD FUND R6 (STYJX) | ___% CARILLON EAGLE MID CAP GROWTH (HRAUX) |
| ___% DFA INFLATION PROTECTED SEC I (DIPSX) | ___% DFA LARGE CP INTERNATIONAL I (DFALX) |
| ___% DFA REAL ESTATE SECURITIES I (DFREX) | ___% DFA US TARGETED VALUE I (DFFVX) |
| ___% DFA US VECTOR EQUITY I (DFVEX) | ___% FIDELITY TOT MKT IDX INST PREM (FSKAX) |
| ___% FIXED-INTEREST OPTION (FB125) ¹ | ___% MFS MASS INV GTH STK R6 (MIGNX) |
| ___% SCHWAB PCRA (SPCRA) | ___% VANGUARD DEV MKT IND FUND INST (VTMNX) |
| ___% VANGUARD EQUITY INC ADM (VEIRX) | ___% VANGUARD EXPLORER ADM (VEXRX) |
| ___% VANGUARD FED MONEY MARKET INV (VMFXX) | ___% VANGUARD HIGH YIELD CORP ADML (VWEAX) |
| ___% VANGUARD INST IDX (VINIX) | ___% VANGUARD INTRM-TRM BND IDX ADM (VBILX) |
| ___% VANGUARD MIDCAP INDEX INS (VMCIX) | ___% VANGUARD PRIME M MKT (VMMXX) |
| ___% VANGUARD SMALL CAP INSTL (VSCIX) | ___% VANGUARD TARGET RET 2070 (VSVNX) |
| ___% VANGUARD TARGET RETIRE 2065 (VLXVX) | ___% VANGUARD TGT RTMT 2015 (VTXVX) |
| ___% VANGUARD TGT RTMT 2020 (VTWNX) | ___% VANGUARD TGT RTMT 2025 (VTTVX) |
| ___% VANGUARD TGT RTMT 2030 (VTHRX) | ___% VANGUARD TGT RTMT 2035 (VTTHX) |
| ___% VANGUARD TGT RTMT 2040 (VFORX) | ___% VANGUARD TGT RTMT 2045 (VTIVX) |
| ___% VANGUARD TGT RTMT 2050 (VFIFX) | ___% VANGUARD TGT RTMT 2055 (VFFVX) |
| ___% VANGUARD TGT RTMT 2060 (VTTSX) | ___% VANGUARD TGT RTMT INC (VTINX) |
| ___% VANGUARD WELLINGTON ADM (VWENX) | |

100% Total

¹ Policy Form GFUA-398 or GFUA-12, a group fixed unallocated annuity, issued by The Variable Annuity Life Insurance Company, Houston, Texas.

4. DOCUMENT DELIVERY CHOICES

E-mail Address: _____

By providing my e-mail address above, I elect to enroll in Personal Deliver-e®, VALIC's electronic document delivery service

Electronic delivery is a free service though you may pay Internet service provider fees to access the Internet or receive e-mails. VALIC will send e-mail notices when regulatory disclosures, transaction confirmations and account statements are available for viewing and/or printing online. You may customize your selections at by accessing your online account.

I elect to continue receiving account information and related materials in a printed format.

VALIC Retirement Services Company is a wholly owned subsidiary of Corebridge Financial, Inc.

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5. CLIENT SIGNATURE

I understand that transfers from the Fixed-Interest Option may be restricted. I understand that mutual fund investment return and principal value will fluctuate so that when redeemed any shares in my Plan account may be worth more or less than the original cost. I affirm that the information on this form is accurate and complete, to the best of my knowledge.

Client Signature Date

Signed At: City/State

Upon completion of this form, a Beneficiary Designation Form must be submitted with document to VALIC Retirement Services Company.

Please fax this form and any documentation to 1-877-202-0187 or mail to the address below for processing:

VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

If overnight delivery:

VALIC Retirement Services Company
1050 N. Western St.
Amarillo, TX 79106-7011

Questions about this form may be directed to 1-800-448-2542, Monday through Friday, 7 a.m. - 8 p.m. Central Time

For Home Office Use Only

Financial Representative Name (Print)

Financial Representative Signature Date

Agent#: _____ Region Code: _____

Principal Approval Date

VALIC Retirement Services Company is a wholly owned subsidiary of Corebridge Financial, Inc.